## Ohio Campaign Finance Report 05 JUN 10 PM 12: 56

Prescribed by Secretary of State 3/05

							4.22.3	406 4 3	<ol> <li>45 49 1.</li> </ol>	14.2590	
Full Name of Committee		Registra	tion Num	ber, if P	C.	1 C					
Committee to Elect	Andrea Peer	oles for	Judge				- 1 1.2	• (	رية علم الله الله	· Intgij	10
Full Name of Candidate											
Andrea C. Peeples											
Street Address					Office Sought	v Con	ty Mu	ימוני סט	District		
21 E. State Street					Office Sought Frankli Court	Judge	J	•			
City								Zip Cod			
Columbus						0	H	432	15		
4.5		X						,		Annual	Year
The at Report	Pre-Primary	^_	Post-Primary		Pre-General		Post-Ge	neral			
(place X to the left of report)	July		August		September					Semian	nual
type:	Monthly		Monthly		Monthly		Termina	tion			
Amended Report?	Report Ele	ctronically	filed?		Section 1		M		D		Y
Yes No		Yes	☐ No	Date of,	Section	1	1	0	8	0	5

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1 No. 38 in particular of the last report of the control of the co	\$ 7,400.00
Z. Total monetary contributions (Brom Form-Not-3) (A); ket/Ind.	\$ 6,630.00
3. Total other inconfection from No. 314A-22. PAR EMPLOYEE.	\$ 0.00
4. Total funds syallable (som of lines 1, 2, 8) on (Supergraph)	\$ 14,030.00
5. Total monetary expenditures (From Form Ford (1974)) (Fig. 2)	\$ 5,135.59
of Balaise on joint (like 4 minus line 3). Store passes on part (like 4 minus line 3).	\$ 8,894.41
A Value of a Aleksoon to more recovered to a composition of the Aleksoon to make the composition of the Aleksoon to make the composition of the co	\$ 51.42
etvalue at ling the exemption of glading and the line is a full to the control of	\$ 0.00
9. Dutajanding hasab widt by committee (From Blond XIO 31/2/8/4-98	\$ 7,500.00
10. Outgoggiji 2000 overtige omniger Olivija (* 1866).	\$ 0.00
Continued fight over the content of (1979) - 1 (1978) - 100	\$ 0.00
12. Valus of lade people in expositions made (1966) 25 (pp. 16. 25.1)	\$ 0.00
Suppose Sections Filtres Sources (Suppose Section Sec	\$

COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE Treaswer 6/09/05 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date Other Expenditure Contribution Total pages 5 23 <u> 16</u>

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER

Prescribed by Secretary of State 3/05

N									
Name of Committee in Full COMMITTEE TO ANDREA PEEPLES	FOR 1	IUDG	Æ						
Full Name of Contributor	1010)			Registra	tion Nur	nber, if PA	\C		
MICHAEL DERFLINGER JR									
Street Address	Employe	ет/Оссира	ation/Labor Organization*	· · · · · · · · · · · · · · · · ·	•		Form (Cash, Check, etc.)		
4295 TARBEN WOODS				CHECK					
City	St	ate	Zip Code	М	D	Y	Amount		
COLUMBUS	0	H	43230	0 5			100.00		
Full Name of Contributor				Registra	tion Nur	nber, if PA	AC .		
ELIZABETH RAREY									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
8081 WORTHINGTON ROAD	1						CHECK		
City	i	ate	Zip Code	М	D	Y	Amount		
GALENA	0	H	43021	0 5			100.00		
Full Name of Contributor				Registra	tion Nu	nber, if PA	AC .		
JEFFREY GREENBERG									
Street Address	Employe	er/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)		
1742 RIVER RIDGE DRIVE				1		T	CHECK		
City	1 _	tate	Zip Code	M	D	Y	Amount		
SPRING VALLEY	0	Н	45370		2 2		100.00		
Full Name of Contributor				Registra	ition Nur	nber, if PA	AC		
ELIZABETH M HARDEN	T	10							
Street Address	Employe	er/Occupa	ation/Labor Organization*	Form (Cash, Check, etc.)					
6404 STOLL LANE	-		Iz: 0.1	M D Y			CHECK		
CINICININI A TI	_	ate   H	Zip Code 45236		D		Amount 100.00		
CINCINNATI	0	11	43230	0 5					
Full Name of Contributor				Registra	luon Nui	nber, if PA			
BARBARA RICH Street Address	Employ	ar/Occurs	ation/Labor Organization*				Form (Cash, Check, etc.)		
	Employ	ci/ Occupa	auon Labor Organization				CHECK		
2749 BELLA VIA AVE	St	ate	Zip Code	М	D	Y	Amount		
COLUMBUS	lo	Η	43231	0 5	1 .	1 .	100.00		
Full Name of Contributor			40201			nber, if PA			
JOSEPH CAVANESS						,			
Street Address	Employe	er/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)		
106 DAVIS ROAD							CHECK		
City	St	tate	Zip Code	M	D	Y	Amount		
MONTICELLO	Α	K	71655	0 4	1115	0 5	25.00		
Full Name of Contributor	•		.1	_		nber, if PA	~,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
KENT MARKUS									
Street Address	Employe	er/Occupa	ation/Labor Organization*	•			Form (Cash, Check, etc.)		
5636 INDIAN HILL RD							CHECK		
City	St	tate	Zip Code	М	D	Y	Amount		
DUBLIN	0	Н	43017	0 5	0 6	0 5	100.00		
Full Name of Contributor				Registra	tion Nur	nber, if PA	AC .		
YAVITCH & PALMER CO. L.P.A.									
Street Address	Employe	er/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)		
511 S. HIGH STREET				CHECK			CHECK		
City	I _	ate	Zip Code	M	D	Y	Amount		
COLUMBUS	0	H	43215	10 5	0 9	0 5	100.00		

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total	\$ 725.00

Prescribed by Secretary of State 3/05

Name of Committee in Full COMMITTEE TO ELECT ANDREA	PEEDI I	S FO	R II IDGE	•					
Full Name of Contributor	I LLI LI	2010	RJODGE	Registra	tion Nun	nber, if PA	AC		
SHERMAN L LYNEM									
Street Address 6703 PLAINFIELD RD	Employ	er/Occupa	ation/Labor Organization*			٠	Form (Cash, Check, etc.) CHECK		
City		tate	Zip Code	M	D	Y	Amount		
CINCINNATI	0	H	45236	0 4	1   5		25.00		
Full Name of Contributor RUBYE GRAHAM EMERSON				Registra	tion Nun	nber, if PA	AC		
Street Address	Employ	er/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)		
7118 AUTUMN FORREST DR							CHECK		
City	S	tate	Zip Code	M	D	Y	Amount		
MEMPHIS	T	N	38125	0 4	1 5	0 5	100.00		
Full Name of Contributor				Registra	tion Nun	iber, if PA	AC		
Street Address	Employ	er/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)		
			·-			· · · · · · · · · · · · · · · · · · ·			
City	S	tate	Zip Code	M	D	Y	Amount		
Full Name of Contributor	<u> </u>	<u> </u>	I	Registra	tion Nun	nber, if PA	AC		
JACQUELINE GRAHAM						-			
Street Address	Employ	er/Occup	ation/Labor Organization*	Form (Cash, Check, etc.)					
709 S RAILROAD	1 ^ *	•	·				CHECK		
City	S	tate	Zip Code	М	D	Y	Amount		
MCGEHEE	lΑ	K	71654	0 4	1   5	0 5	100.00		
Full Name of Contributor	1 **	<u> </u>	1 . 100 1			nber, if P			
MILDRED F. CROSS						-			
Street Address	Employ	er/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
1503 NORTH HICKORY		_					CHECK		
City	s	tate	Zip Code	М	D	Y	Amount		
PINE BLUFF	lΑ	K	71601	0 4	1   5	0 5	50.00		
Full Name of Contributor		1				nber, if P			
SMITH & HALE									
Street Address	Employ	er/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
37 WEST BROAD STREET							CHECK		
City	S	tate	Zip Code	М	D	Y	Amount		
COLUMBUS	0	H	43215	0 4	1   5	0 5	100.00		
Full Name of Contributor				Registra	tion Nun	nber, if PA	AC		
FELIX GRAHAM				1					
Street Address	Employ	ет/Оссира	ation/Labor Organization*				Form (Cash, Check, etc.)		
1241 W 56TH STREET							CASH		
City	S	tate	Zip Code	M	D	Y	Amount		
MERRILVILLE	I	N	46410	0 4	2 4		50.00		
Full Name of Contributor JAMEHL DEMONS SHEGOG				Registra	tion Nun	nber, if PA	AC		
Street Address	Employ	er/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
905 BILOXI AVE	[						CHECK		
City	S	tate	Zip Code	М	D	Y	Amount		
KERNERSVILLE	N	C	27284	$0 \mid 4$	I .	0 5			

25.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Prescribed by Secretary of State 3/05

Name of Committee in Full			D 111D CE					
COMMITTEE TO ELECT ANDREA PI	EPLE	SFO	R JUDGE					
Full Name of Contributor				Registra	tion Num	ber, if PA	AC .	
SANA BARRETT								
Street Address	Employ	er/Occupa	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
114 BROADMEADOW BLVD APT B							CASH	
City	S	tate	Zip Code	M	D	Y	Amount	
COLUMBUS	Ιo	H	43214	0 5	0 6	0   5		10.00
Full Name of Contributor		<u> </u>			tion Num		C	
SHERRY LYNN CAFFEY								,
Street Address	Employ	er/Occup	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
4790 E LIVINGSTON RD	' '	•	Ū				CASH	
City	S	tate	Zip Code	М	D	ΙΥ	Amount	
COLUMBUS	آ ه ا	H	43227	1	0 6	i .		10.00
	10	1	43227		tion Num		<u> </u>	10.00
Full Name of Contributor				registra	uon NuM	vei, II PA		:
PAULA LLOYD	In :	/0	- Carlotta				F/G-1 6'	la sac N
Street Address	Employ	er/Occupa	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
8055 FAIRWAY DR							CASH	
City	S	tate	Zip Code	М	D.	Y	Amount	
COLUMBUS	0	H	43235	0 5	0 6	0 5		20.00
Full Name of Contributor				Registra	tion Num	ber, if PA	AC .	
Street Address	Employ	er/Occupa	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
	İ							
City	S	tate	Zip Code	М	D	Y	Amount	
	1				1 1	1	•	
Full Name of Contributor		<del>'</del>		Registra	tion Num	ber, if PA	C	
CYNDY SECKERSON						•		
Street Address	Employ	er/Occup	ation/Labor Organization*	<u> </u>			Form (Cash, Chec	k etc)
	Linpioy	ci, occupi	actions Europe Organization				CASH	, 0,
4551 HUCKLEBERRY CT	+ -		17:- O- 1-	T v	- n	1.7		
City	l _	tate	Zip Code	M	D	Y	Amount	10.00
HILLIARD	10	H	43026	0 5				10.00
Full Name of Contributor				Registra	tion Num	ber, if PA	AC	
DAVE PETERSON			***************************************				-	
Street Address	Employ	er/Occupa	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
4551 HUCKLEBERRY CT							CASH	
City	S	tate	Zip Code	M	D	Y	Amount	
HILLIARD	0	H	43026	0 5	2 6	0 5		10.00
Full Name of Contributor					tion Num			
JOYE SAUNDERS								
Street Address	Employ	er/Occupa	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
3596 BREMEN ST							CASH	
City	s	tate	Zip Code	M	D	Y	Amount	
COLUMBUS	lo	H	43224	0 5	1.	I .		20.00
Full Name of Contributor		1	10221		tion Num		·C	20.00
KRISTOPHER HAINES				Logisua	OH ITUIL	, II I'		
	En-1	o=/Ocass	ation/Labor Organization*	<u> </u>			Form (Carl Class	lr oto
Street Address	Employ	ei/Occup	auon/Labor Organization*				Form (Cash, Chec	k, etc.)
3572 JUNIPER ST	<del> </del>		Ia: o i				CASH	
City	1 _	tate	Zip Code	M	D	Y	Amount	20.00
GROVE CITY	10	H	43123	10 5	2 6	0 5	<u> </u>	20.00

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 100.00

Prescribed by Secretary of State 3/05

Name of Committee in Full	יד זכיי	C EO	D II IDCE						
COMMITTEE TO ELECT ANDREA PE	EPLE	S FU	K JUDGE				· ·		
Full Name of Contributor				Registra	tion Num	ber, if PA	iC		
ADAM ELIOT	In 1	<i>'</i> O'	· 7.1				F (C1. Cl.	14-	
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Che CASH	eck, etc.)	
400 S. FIFTH ST	Sta	nte	Zip Code	Тм	D	Y	Amount		
City COLUMBUS	0	Н	43215	0   5	2 6	0 5		30.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	AC .		
CARA ORR									
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Che	eck, etc.)	
139 WESTVIEW							CASH		
COLLINABLIC	Sta	ate H	Zip Code 43214	M		Y	Amount	10.00	
COLUMBUS	O	11	43214	0 5				10.00	
Full Name of Contributor TIM MANGAN				Registra	tion Num	ber, if PA	iC		
Street Address	Employe	r/Occum	ation/Labor Organization*				Form (Cash, Che	eck etc.)	
873 FALKIRK CT	Linploye	1/ Оссира	ation Pason Organization				CASH		
City	Sta	ate	Zip Code	М	D	Y	Amount		
PICKAWAY	0	Н	43147	0 5				10.00	
Full Name of Contributor		-				ber, if PA	AC .		
JEFFREY BENNINGTON									
Street Address	Employe	r/Occupa	ation/Labor Organization*	-			Form (Cash, Che	eck, etc.)	
508 SPRINGHOLLOW ROAD						CASH			
City	Sta	ate	Zip Code	М	D	Y	Amount		
CIRCLEVILLE	0	Н	43113	0 5	2 6	0 5	ļ	20.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	\C		
BILL HEDRICK									
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Che	eck, etc.)	
838 THURBER DRIVE WEST APT22							CASH_		
City	Sta		Zip Code	M	D	Y	Amount	40.00	
COLUMBUS	0	H	43215		2 6		<u></u>	10.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	AC .		
CONTRIBUTIONS FROM FORM 31-E	1=								
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Che	eck, etc.)	
			[g:_ G-1-	T 32	T -	T 1,7			
City	St	ate I	Zip Code	M	D	$\begin{bmatrix} \mathbf{Y} \\ 0 \end{bmatrix} 5$	Amount	2,250.00	
Full Name of Contributor						ber, if PA		2,230.00	
CONTRIBUTIONS FROM FORM 31-E				Registia	uon num	idei, ii F	ic .		
Street Address	Employe	r/Occum	ation/Labor Organization*				Form (Cash, Che	eck_etc.)	
Sueet Address	Employe	поссир	auois Daboi Oiganization				Tom (Cash, Ch	cck, cic.)	
City	Sta	ate	Zip Code	М	D	Y	Amount		
			1	1015	0 6	0 5		1,025.00	
Full Name of Contributor						ber, if PA			
CONTRIBUTIONS FROM FORM 31-E				1					
Street Address	Employe	r/Occupa	ation/Labor Organization*			***	Form (Cash, Che	eck, etc.)	
City	St	ate	Zip Code	М	D	Y	Amount		
				05	1 9	0 5		825.00	

Page Total \$ 4,180.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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Prescribed by Secretary of State 3/05

Name of Committee in Full							
COMMITTEE TO ELECT ANDREA P	EEPLES F	OR JUDGE					
Full Name of Contributor	ı		Reg	istra	tion Nun	iber, if	PAC
CONTRIBUTIONS FROM FORM 31-E							
Street Address	Employer/Occ	cupation/Labor Organizatio	on⁺				Form (Cash, Check, etc.)
City	State	Zip Code	М		D	Y	Amount
					2 6		
Full Name of Contributor			Reg	ıstra	tion Nun	iber, if	PAC
Street Address	Employer/Occ	cupation/Labor Organizatio	n*				Form (Cash, Check, etc.)
City	State	Zip Code	M	[	D	Y	Amount
Full Name of Contributor			Reg	istra	tion Nun	nber, if	PAC
Street Address	Employer/Occ	cupation/Labor Organizatio	on*				Form (Cash, Check, etc.)
City	State	Zip Code	М	ī	D	Y	Amount
	1				1	lι	
Full Name of Contributor			Reg	istra	tion Nun	nber, if	PAC
Street Address	Employer/Occ	cupation/Labor Organizatio	n*				Form (Cash, Check, etc.)
City	State	Zip Code	М	[	D	Y	Amount
			n		dian Man	-1 ic	DAC.
Full Name of Contributor			Reg	usura	tion Nun	iber, ii	PAC
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	[	D 	Y	Amount
Full Name of Contributor			Reg	istra	tion Nun	ber, if	PAC
Street Address	Employer/Occ	cupation/Labor Organizatio	n*		ē		Form (Cash, Check, etc.)
City	State	Zip Code	M	[ 	D	Y	Amount
	<u> </u>			<u> </u>			ni o
Full Name of Contributor			Reg	nstra	tion Nun	nber, 11	PAC
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	i 	D	Y	Amount
Full Name of Contributor			Reg	istra	tion Nun	ber, if	PAC
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М		D 	Y	Amount

Page Total \$ 1,100.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

3	1-	E		
R.	C.	351	7.10	)(B)

Event Date	04/14/05
Page	7

### Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05				
Name of Committee in Full	. T., J.,					
Committee to Elect Andrea Peeples for	Juage					
Full Name of Contributor	Registration Number, if PAC					
LAUREL A BEATTY						
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount			
600 S. Grant Ave			0 4 1 4 0 5	100.00		
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	$O \mid H$	43206	CHECK			
Full Name of Contributor			Registration Number, if PAC			
ROBERT CHILTON			}			
Street Address	Employer/Occup	oation/Labor Organization*	M D Y Amount			
3736 TALIESIN PLACE			0 4 1 4 0 5	50.00		
City	State	Zip Code	Form(Cash,Check,etc)			
COLUMBUS	$\cap$	43219	CHECK			
Full Name of Contributor	-t	· ·	Registration Number, if PAC			
MICHAEL SHAWN DINGUS						
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount			
213 POWHATAN AVE			0 4 1 4 0 5	100.00		
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	$O \mid H$	43204	CHECK			
Full Name of Contributor			Registration Number, if PAC			
MICHAEL BROWN			<b>1</b> • • • • • • • • • • • • • • • • • • •			
Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount			
1142 PENNSYLVANIA AVE		•	0 4 1 4 0 5	50.00		
City	State	Zip Code	Form(Cash,Check,etc)	00.00		
Columbus	$0 \mid H$	43201	CHECK			
Full Name of Contributor	1 ()	10201	Registration Number, if PAC			
VORYS SATER SEYMOUR AND PEAS	SELLP AT	OVOCATE	OH109			
Street Address		oation/Labor Organization*	M D Y Amount			
52 E. GAY STREET		<b></b>	0 4 1 4 0 5	250.00		
City	State	Zip Code	Form(Cash,Check,etc)	250.00		
Columbus	O H	43215	CHECK			
Full Name of Contributor	10 1 11	10210	Registration Number, if PAC			
STACEY LAMBRIGHT			registation realises, in the			
Street Address	Employer/Occur	oation/Labor Organization*	M D Y Amount			
	Employer/Occup	Dation Labor Organization		250.00		
274 TIMBER HEARTH COURT	Ctata	Tin Code	0   4   1   4   0   5   Form(Cash,Check,etc)	250.00		
City NICIAL A DIC	State H	Zip Code 43055	`			
NEWARK	10   11	45055	CHECK			
Full Name of Contributor			Registration Number, if PAC			
MICHAEL MCCORD	In 1 10		<del></del>			
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount	050.00		
811 STRAWBERRY HILL RD	<del> </del>	1=: -	0 4 1 4 0 5	250.00		
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O   H	43213	CHECK			

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total	contributions	this	event

2250.00

Total expenditures this event

Page Total \$ 1.050.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	04/14/05
Page	8
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# Statement of Contributions Received at a Social or Fundraising Event

	Prescrib	ed by Sec	cretary of State 3/05					
Name of Committee in Full			, who can					
COMMITTEE TO ELECT ANDREA P	EEPLE	FOR	R JUDGE			_		
Full Name of Contributor				Registration Number, if PAC				
MICHAEL SEXTON	In .			,,,	1 -	1 37	17	
Street Address	Employ	er/Occup	ation/Labor Organization*	M	D	Y	Amount	100.00
9 BUTTLES AVE APT 414	+	4-4-	Tri- Code	0 4	1 4 ash,Checl			100.00
COLLINARIC	_ s	tate	Zip Code 43215	,	ash,Checi CHEC			
COLUMBUS		H	43213		tion Num		A.C.	
Full Name of Contributor				Registra	inon inum	iber, ii PA	AC .	
WILBURN C WEDDINGTON Street Address	Employ	er/Occup	ation/Labor Organization*	M	D	Y	Amount	
75 N OHIO AVE	Employ	er/Occup	audii/Labdi Organization		$1\overline{1}4$			250.00
City	S	tate	Zip Code		ash,Checl			250.00
COLUMBUS	آ م ا	H	43203-1950	1 '	CHEC			
Full Name of Contributor			10200 1700		tion Num		AC	
ED LEONARD								
Street Address	Employ	er/Occup	ation/Labor Organization*	М	D	Y	Amount	###### ·
4025 BERRYBUSH DR				0 4	1   4	0   5		100.00
City	S	tate	Zip Code		ash,Checl			
COLUMBUS	0	H	43230		CASE	Ŧ		
Full Name of Contributor				Registra	tion Nurr	ber, if PA	AC	
JEREMY DODGION ATTORNEY AT	LAW	CO., :	L.P.A.					
Street Address			ation/Labor Organization*	M	D	Y	Amount	
1188 S HIGH ST					1 4			200.00
City	S	tate	Zip Code		ash,Checl			
COLUMBUS		H	43206		CHEC			
Full Name of Contributor				Registra	tion Nun	ber, if P	AC	
DEBRA ELIOT					,			
Street Address	Employ	er/Occup	ation/Labor Organization*	M	D	Y	Amount	<b>500.00</b>
2466 FAIR AVE			10000		1 4			500.00
City	S	tate	Zip Code 43209	`	ash,Checl			
BEXLEY		H	43209	_	CHEC		1.0	
Full Name of Contributor				Registra	ition Nun	iber, ii PA	AC	
BILL HEDRICK Street Address	Employ	ar/Occum	ation/Labor Organization*	М	D	Y	Amount	
	Employ	er/Occup	audi/Laboi Organization		$1\overline{4}$			50.00
838 THURBER DRIVE WEST APT22 City		tate	Zip Code		ash,Check			50.00
COLUMBUS	ا م ا	H	43215	· .	CHEC			
Full Name of Contributor	10	1 1 1	40210	_	tion Nun		AC	
an riante of controller						,		
Street Address	Employ	er/Occup	ation/Labor Organization*	М	D	Y	Amount	
	1 ' '	•	•	1 1	<b>l</b>			
City	S	tate	Zip Code	Form(C	ash,Checl	k,etc)		
1						-		
	•	-						
aguired for contributions from individuals over \$100 to statewide and ge	neral accer	nhlu cone	lidates If contributor is self-en	mloved the	a occumati	ion and th	se name of the	

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$ 1.200.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	05/06/05
Page	9

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 3/05			
Name of Committee in Full	DEEDI EC EO				
COMMITTEE TO ELECT ANDREA	PEEPLES FO	KJUDGE			
Full Name of Contributor			Registration Number, if PAC		
VERNON PRINGLE					
Street Address	Employer/Occupa	tion/Labor Organization*		nount	
184 NELSON ROAD			0 5 0 8 0 5	150.00	
City	State	Zip Code	Form(Cash,Check,etc)		
LEBANON	OH	45036	CHECK		
Full Name of Contributor			Registration Number, if PAC		
JOSEPH MAS					
Street Address	Employer/Occupa	ation/Labor Organization*		nount	
206 HIAWATHA AVE			0 5 0 6 0 5	50.00	
City	State	Zip Code	Form(Cash,Check,etc)		
WESTERVILLE	OH	43081	CHECK		
Full Name of Contributor			Registration Number, if PAC		
JOSHUA COX					
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y An	nount	
60 SHEFFIELD ROAD			0 5 0 6 0 5	50.00	
City	State	Zip Code	Form(Cash,Check,etc)		
COLUMBUS	ОН	43214	CHECK		
Full Name of Contributor			Registration Number, if PAC		
OTTO BEATTY III			İ	•	
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y An	nount	
600 S. GRANT STREET			0 5 0 6 0 5	50.00	
City	State	Zip Code	Form(Cash,Check,etc)		
COLUMBUS	$O \mid H$	43206	CHECK		
Full Name of Contributor			Registration Number, if PAC		
JOYE SAUNDERS					
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y An	nount	
3596 BREMEN STREET			0 5 0 6 0 5	50.00	
City	State	Zip Code	Form(Cash,Check,etc)		
COLUMBUS	OH	43224	CHECK		
Full Name of Contributor			Registration Number, if PAC		
STEPHEN L. MCINTOSH					
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y An	nount	
799 NOB HILL DR.			0 5 0 6 0 5	100.00	
City	State	Zip Code	Form(Cash,Check,etc)		
GAHANNA	$O \mid H$	43230	CHECK		
Full Name of Contributor			Registration Number, if PAC		
JEFFREY S. FURBEE					
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y An	nount	
969 WOODHILL DR.			0 5 0 6 0 5	50.00	
City	State	Zip Code	Form(Cash,Check,etc)	50.00	
COLUMBUS	OH	43212	CHECK		
COLUMDOO		10212	CITACI		

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total	contributions	uns	event
		_	

1025.00

Total expenditures this event

285,00

Page Total \$ \_\_\_\_\_500.00\_

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	5/06/05
Page	10

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by S	secretary of State 3/05		
Name of Committee in Full	DEEDI EC E			
COMMITTEE TO ELECT ANDREA	EEFLES FO	OKJUDGE	Desired No. 1	
Full Name of Contributor TIMOTHY I NIANGANI	Registration Number, if PAC			
TIMOTHY J NANGAN Street Address	Employe-/Os	upation/Labor Organization*	M D Y Amount	
Street Address 873 FALKIRK CT	Employer/Occi	upauou Laoor Organizadon*	0 5 0 6 0 5	50.00
6/3 FALKIRK CI City	State	Zip Code	Form(Cash, Check, etc)	50.00
PICKERINGTON	o H	■ -	CHECK	
FICKERINGTON Full Name of Contributor		1 10111/	Registration Number, if PAC	
KATHY A OWENS			Tagorianon Tambot, Il I AC	
Street Address	Employer/Occ	upation/Labor Organization*	M D Y Amount	
2550 TUCKER TRAIL	- Imployer/0001	-L	0 5 0 6 0 5	50.00
City	State	Zip Code	Form(Cash,Check,etc)	50.00
LEWIS CENTER	O H	<b>1</b> -	CHECK	
Full Name of Contributor		10000	Registration Number, if PAC	
JAMES VERGALLITO III				
Street Address	Employer/Occi	upation/Labor Organization*	M D Y Amount	
204 E. ROYAL FOREST BLVD		_ • • • • • • • • • • • • • • • • • • •	0 5 0 6 0 5	25.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	$\perp_{O} \mid H$	1 *	CHECK	
Full Name of Contributor	• • • • • • • • • • • • • • • • • • • •	•	Registration Number, if PAC	
JENIFER S THOMPSON			1	
Street Address	Employer/Occi	upation/Labor Organization*	M D Y Amount	
7482 VISTA LAKE WAY			0 5 0 6 0 5	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
POWELL	О   Н	43232	CHECK	
Full Name of Contributor			Registration Number, if PAC	
AARON L GRANGER				
Street Address	Employer/Occi	upation/Labor Organization*	M D Y Amount	
3293 SAINT BERNARD CIR			0 5 0 6 0 5	60.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	O   H	43232	CHECK	
Full Name of Contributor			Registration Number, if PAC	
LEE A DARDEN				
Street Address	Employer/Occi	upation/Labor Organization*	M D Y Amount	
5942 CLIPPER LANDING DRIVE			0 5 0 6 0 5	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	0   H	43228	CHECK	
Full Name of Contributor			Registration Number, if PAC	
MICHAEL WANDER				
Street Address	Employer/Occi	upation/Labor Organization*	M D Y Amount	
6631 COLLINGWOOD DRIVE			0 5 0 6 0 5	40.00
City	State	Zip Code	Form(Cash,Check,etc)	
WESERVILLE	O H	43082	CHECK	

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
Total Contributions and Creat	Tour expenditures and event	
	<b> </b>	Page Total \$325.00
	1	
		<u> </u>

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	05/06/05
Page	11

# Statement of Contributions Received at a Social or Fundraising Event

	Prescrio	ea by Se	cretary of State 3/05							
Name of Committee in Full	DDI I	70 170	D II IDCE							
COMMITTEE TO ELECT ANDREA PE	CPLI	3 FU	K JUDGE	Rec	ristrat	tion Num	her if	·PA	·C	_
BILL HEDRICK				1	jisuai	ion ivan	1001, 11			
	Employ	er/Occup	ation/Labor Organization*	M	1	D	Y		Amount	
838 THURBER DRIVE WEST APT22			•	0	5	0 6	0	5		50.00
City	S	tate	Zip Code	For		sh,Chec				
COLUMBUS	0	H	43215	┸		HEC				
Full Name of Contributor	A T 4 7	~~ T	D.A	Reg	gistrat	tion Nun	ıber, if	PA	ıC	
JEREMY DODGION ATTORNEY AT L			LPA ation/Labor Organization*	H <sub>M</sub>	,	Б	Y	_	Amount	
Street Address 1188 S. HIGH STREET	Employ	er/Occup	audi/Laddi Organization		5	D 0 6		5	Amount	50.00
City	S	tate	Zip Code		_	sh,Checi		ے		00.00
COLUMBUS	0	H	43206		C	HEC	K			
Full Name of Contributor				Reg	gistrat	tion Nun	ıber, if	PA	C	
DAVID DURR										
	Employ	er/Occup	ation/Labor Organization*	M D Y Amount			F0.00			
685 COLLINGWOOD DRIVE	-	state	Zip Code		5	0 6 sh,Chec		5		50.00
City WESTERVILLE	ر ا	H	43082	FOI		CASI				
Full Name of Contributor	<u> </u>	1 - 1 - 1	40002	Res		tion Nun		PΑ	C	_
GEORGE CALLOWAY					•		ŕ			
Street Address	Employer/Occupation/Labor Organization*			M	ſ	D	Y		Amount	
5764 OLD TRAIL CT					5	0 6		5		50.00
City	S	tate	Zip Code	Form(Cash,Check,etc)						
COLUMBUS	O H 43213		43213	CASH Registration Number, if PAC						
Full Name of Contributor				Keş	gistrai	uon nun	iber, ii	PA		
Street Address	Employ	er/Occup	ation/Labor Organization*	N	í	D	Y	_	Amount	
		•	·			1				
City	S	tate	Zip Code	For	m(Ca	sh,Chec	k,etc)			
Full Name of Contributor				Reg	gistrat	tion Nun	iber, if	ſΡΑ	C	
	D1		ation/I abou Oppositation#			_ n	l v	_	A	
Street Address	Employ	er/Occup	ation/Labor Organization*	M	<u>'</u>	D	Y		Amount	
City	S	tate	Zip Code	For	m(Ca	sh,Chec	k.etc)			
J-11,		1	'		•					
Full Name of Contributor				Reg	gistrat	tion Nun	ıber, if	PΑ	C	:
Street Address	Employ	er/Occup	ation/Labor Organization*	N	í	D	Y		Amount	
City	S	State	Zip Code	For	m(Ca	ish,Chec	k,etc)			
		1	<u> </u>				_			
equired for contributions from individuals over \$100 to statewide and gene	ral asser	mbly can	lidates. If contributor is self-em	mlove	i. the	occupat	ion and	d the	e name of the	

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$200.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. It contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	05/19/05
Page	1.2

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
COMMITTEE TO ANDREA PEEPLES	FOR IUI	OGE				
Full Name of Contributor	1011701			Registration Nu	nber, if PAC	
JENIFER J LOPEZ				3	,	
Street Address	Employer/Oc	cupation/Labo	r Organization*	M D	Y An	nount
4289 VAUX LINK	1		J	0 5 1 0		50.00
City	State	Zip Code		Form(Cash,Che		50.00
NEW ALBANY		- I   Zip Code	43054	CHEC		
Full Name of Contributor	$10^{-1}$	<u>. l</u>	40004	Registration Nur		
				registration Nu	moei, ii i AC	
SCOTT R BAIR Street Address	Employer/Oc	cupation/Labo	r Organization*	M D	Y An	nount
	Employer/OC	vupauoii/Labo	organization -	$\begin{bmatrix} 0 \\ 5 \end{bmatrix} \begin{bmatrix} 1 \\ 1 \end{bmatrix} = 5$		35.00
5159 WOODSIDE DRIVE	State	Zip Code		Form(Cash,Che	ok etc)	33.00
COLLIMBLIC	O I	1 -	43229	CHEC		
COLUMBUS	1 ()   [	1	40447			
Full Name of Contributor				Registration Nu	noer, II PAC	
RYAN P JOLLEY	In 1 '5		0	+,, , ,	1,	
Street Address	Employer/Oc	cupation/Labo	r Organization*	M D		nount
187 REGENTS RD				0 5 1 9		50.00
City	State	Zip Code		Form(Cash,Che		
COLUMBUS	OI	1	43209	CHEC		
Full Name of Contributor				Registration Nu	mber, if PAC	
WILLIAM G COUCH II				<u> </u>		
Street Address	Employer/Occupation/Labor Organization*		M D		nount	
721 KERR ST				0 5 1 9		50.00
City	State	Zip Code		Form(Cash,Che		
COLUMBUS	<u>lo</u> I	- I	43215	CHEC		
Full Name of Contributor				Registration Nu	mber, if PAC	
JEFF L CARSON						
Street Address	Employer/Oc	cupation/Labo	r Organization*	M D		nount
7481 MORSE RD				0 5 1 9		50.00
City	State	Zip Code		Form(Cash,Che		
NEW ALBANY	O   F	- I	43054	CHEC	CK	
Full Name of Contributor		-		Registration Nu	mber, if PAC	
TARA G STOKES						
Street Address	Employer/Oc	cupation/Labo	r Organization*	M D	Y An	nount
845 ANNAGLADYS DR				0 5 1 9	0 5	25.00
City	State	Zip Code		Form(Cash,Che		
COLUMBUS	$  \circ  $ F	- I	43085	CHEC	CK	
Full Name of Contributor		•		Registration Nu		
PAUL SCOTT CO L.P.A.						
Street Address	Employer/Oc	cupation/Labo	r Organization*	M D	Y An	nount
536 S HIGH ST		-		0 5 1 9	015	350.00
City	State	Zip Code		Form(Cash,Che		223.00
COLUMBUS		- I	43215	CHEC		

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event		
92 ( NC)		Page Total \$	610.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	5/19/05
Page _	13

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	ecretary of State 3/05		
Name of Committee in Full	· · · · · · · · · · · · · · · · · · ·			
COMMITTEE TO ANDREA PE	EPLES FOR JUDO	GE		
Full Name of Contributor			Registration Number, if PAC	
MARLENE EADER	In 1 (a)			
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount 0 5 1 9 0 5	40.00
481 PEALE CT	State	Zip Code	Form(Cash,Check,etc)	40.00
GAHANNA	O H	43230	CASH	
Full Name of Contributor	1-1/-		Registration Number, if PAC	
ROB EMRICH				
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount	
731 KERR STREET		T=:	0 5 1 9 0 5	25.00
COLUMBIC	State H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
COLUMBUS Full Name of Contributor	ТО П	43213	Registration Number, if PAC	
MICAH BERMAN			registration Number, if FAC	
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount	
136 S ROOSEVELT AVE		_	0 5 1 9 0 5	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	O H	43209	CHECK	
Full Name of Contributor			Registration Number, if PAC	
KEVIN S HAIRSTON Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount	· · · · · · · · · · · · · · · · · · ·
215 MAYBANK COURT	Employer/Occup	pation/Labor Organization	0 5 1 3 0 5	50.00
City	State	Zip Code	Form(Cash,Check,etc)	50.00
GAHANNA	OH	43230	CHECK	
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC	
HEATHER HISSOM				
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount	<b>20.00</b>
463 CANTERWOOD CT	- Ct-t-	7:- 0-1-	0 5 1 9 0 5	50.00
City GAHANNA	State H	Zip Code 43230	Form(Cash,Check,etc) CASH	
Full Name of Contributor	O   H	43230	Registration Number, if PAC	
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	
			Besident N. 1 (SDAG	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount	
City	State	Zip Code	Form(Cash,Check,etc)	
equired for contributions from individuals over \$100 to statew ividual's business, if any, rather than employer should be listed				
mization of which the employees are members if any must a	• •		and the approprie of \$100, the is	

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$ 215.00

<sup>\*</sup> R ind

Event Date	05/26/05
Page 14	<del></del>

### Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 3/05			
Name of Committee in Full COMMITTEE TO ELECT ANDREA P	EEDI EC EO	D ITIDGE			
	EEF LES FO	K JUDGE	Ini-tti N		
Full Name of Contributor			Registration Nu	mber, if PAC	
JACK L MOSER	In		1	1	
Street Address	Employer/Occup	ation/Labor Organization*	MD	Y Amount	400.00
400 S FIFTH STREET SUITE 102			0 5 2 0		100.00
City	State	Zip Code	Form(Cash,Che		
COLUMBUS	OH	43215	CHE	CK	
Full Name of Contributor			Registration Nu	mber, if PAC	
RUSSELL GOODWIN					
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y Amount	
103 E FIRST AVE			0 5 2 6	5 0 5	100.00
City	State	Zip Code	Form(Cash,Che		
COLUMBUS	$\cap$ H	43201	CHE	CK	
Full Name of Contributor			Registration Nu		
EARL FROST			1	•	
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y Amount	
131 E N BROADWAY				5 0 5	100.00
City	State	Zip Code	Form(Cash,Che		100.00
	1 1 7 7	43214	CHE	. ,	
COLUMBUS Full Name of Contributor	OH	10214	Registration Nu		
			Registration Nu	moer, ii fac	
SCOTT J VARNER	<b>1</b> = 1 (6		<del>                                     </del>		
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y Amount	400.00
1002 HUNTER AVE				6 0 5	100.00
City	State	Zip Code	Form(Cash,Che		
COLUMBUS	OH	43201	CHE	CK	
Full Name of Contributor	•		Registration Nu	mber, if PAC	
BILL R HEDRICK					
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y Amount	
838 THURBER DRIVE WEST APT22			0 5 2 6	5 0 5 T	50.00
City	State	Zip Code	Form(Cash,Che	ck,etc)	
COLUMBUS	$O \mid H$	43215	CHE	CK	
Full Name of Contributor			Registration Nu	mber, if PAC	
JOHN W SOWERS					
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y Amount	
466 STANLEY AVE		-	0 5 2 6	5 0 5	35.00
City	State	Zip Code	Form(Cash,Che		00.00
COLUMBUS	I O I H	43206	CHE		
Full Name of Contributor	10 11	40200	Registration Nu		
			ixegistration ivu	inder, if i AC	
DONALD J GEINER Street Address	Emmlover/O	ation/Labor Organization*	M D	Y Amount	
	Employer/Occup	auon/Lauor Organization*		: :	25.00
4025 ANGOLA RD	- C: :	Ta:- 0-1	0 5 2 5		35.00
City TOLEDO	State	Zip Code	Form(Cash,Che	. ,	
TOLEDO	O H	43615	CHE		

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total	contributions this event	
	1160.00	

Total	expenditu	res this	event

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	05/26/05
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## Statement of Contributions Received at a Social or Fundraising Event

COMMITTEE TO ELECT ANDREA PEEPLES FOR JUDGE		Prescribed by Sec	cretary of State 3/05		
Full Name of Contributor   State   Zip Code   Form(Cash, Check, etc)   Columbus   Contributor   Co	Name of Committee in Full	EEDI EC EO	D II IDCE		
Street Address   Street Address   State   Zip Code   Form(Cash, Check, etc)   CHECK		EEPLES FO	K JUDGE		
State				Registration Number, if PAC	
State   Zip Code   Form(Cash, Check, etc)   CHECK					· · · · · · · · · · · · · · · · · · ·
State		Employer/Occupation/Labor Organization*		1	20.00
COLUMBUS					20.00
Full Name of Contributor	City		1 •		
Street Address		OH	43224		
Sure   Address   Employer Occupation   Labor Organization*   M   D   Y   Amount				Registration Number, if PAC	
3572 JUNIPER ST	KRISTOPHER A HAINES				
State   Zip Code   Columbus   C	Street Address	Employer/Occup	ation/Labor Organization*		
CHECK	3572 JUNIPER ST			0 6 0 2 0 5	10.00
Full Name of Contributor	City	State	L -	Form(Cash,Check,etc)	
A   ITH A BALARATNARA   A	GROVE CITY	$O \mid H$	43123		
Employer/Occupation/Labor Organization*	Full Name of Contributor			Registration Number, if PAC	
Table   Tabl	AJITH A BALARATNARAJAH				
State		Employer/Occup	ation/Labor Organization*		
State   Zip Code	7444 MURRAYFIELD DRIVE			0 5 3 0 0 5	100.00
Full Name of Contributor CATHERINE GIRVES  Street Address  Street Address  COLUMBUS  Full Name of Contributor  SHAREEF RABAA  Street Address  Street Address  COLUMBUS  Full Name of Contributor  SHAREEF RABAA  Street Address  COLUMBUS  Full Name of Contributor  SHAREEF RABAA  Street Address  COLUMBUS  Full Name of Contributor  SHAREEF RABAA  Street Address  Full Name of Contributor  State  COLUMBUS  Form(Cash,Check,etc)  COLUMBUS  Form(Cash,Check,etc)  CHECK  Registration Number, if PAC  Amount  100.00  Amount  100.00  Total Address  Form(Cash,Check,etc)  CHECK  Registration Number, if PAC  Amount  100.00  Total Address  Form(Cash,Check,etc)  CHECK  Registration Number, if PAC  Form(Cash,Check,etc)  CHECK  Form(Cash,Check,etc)  CHECK  Registration Number, if PAC  Form(Cash,Check,etc)  CHECK  Form(Cash,Check,etc)  CHE			1 -	Form(Cash,Check,etc)	
CATHERINE GIRVES   Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount   O   0   0   0   0   0   0   0   0   0	WORTHINGTON	O H	43085	CHECK	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Full Name of Contributor			Registration Number, if PAC	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	CATHERINE GIRVES				
State   COLUMBUS   COLUMBUS   CHECK		Employer/Occup	ation/Labor Organization*	M D Y Amount	
State   COLUMBUS   COLUMBUS   CHECK	2300 INDIANOLA AVENUE			0 6 0 2 0 5	100.00
Registration Number, if PAC		State	Zip Code		
Registration Number, if PAC	COLUMBUS	O   H	43202	CHECK	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Full Name of Contributor			Registration Number, if PAC	
175 SOUTH THIRD STREET ST 350	BRIAN G MILLER CO. L.P.A.				
State   COLUMBUS   CHECK	Street Address	Employer/Occup	ation/Labor Organization*		
State   COLUMBUS	175 SOUTH THIRD STREET ST 350			0 5 2 8 0 5	100.00
Full Name of Contributor $SHAREEF RABAA$ Street Address		State	Zip Code	Form(Cash,Check,etc)	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	COLUMBUS	$I \cap I H$	43215	CHECK	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Full Name of Contributor			Registration Number, if PAC	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	SHAREEF RABAA				
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Employer/Occup	ation/Labor Organization*	M D Y Amount	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	5812 N HIGH ST			0 5 2 6 0 5	100.00
Registration Number, if PAC	City	State	Zip Code		
Registration Number, if PAC	COLUMBUS	$\cap$ H	43085	CASH	
	ANGELA ELLAS				
City State Zip Code Form(Cash,Check,etc)		Employer/Occup	ation/Labor Organization*	M D Y Amount	
City State Zip Code Form(Cash,Check,etc)	222 LETCHWORTH AVE			0 5 2 6 0 5	100.00
COLUMBUS O H 43204 CASH		State	Zip Code		
	COLUMBUS	$I \cap H$	43204	CASH	

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event

Total contributions this event	Total expenditures this event	
		Page Total \$ 520.00
		Page Total \$ 530.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	5/26/05
Page	16

## Statement of Contributions Received at a Social or Fundraising Event

		ecretary of State 3/05					
Name of Committee in Full							
COMMITTEE TO ELECT ANDREA	PEEPLES FC	OR JUDGE					
Full Name of Contributor			Registration	n Numl	ber, if PA	ıC	
BARBARA RICH Street Address	Employer/Occur	pation/Labor Organization*	М	D	Y	Amount	
1398 HARRISON POND DRIVE	Employer/Occu	pation Labor Organization	0 5 2		0 5		50.00
City	State	Zip Code	Form(Cash	,Check	,etc)		
NEW ALBANY	ОН	43054		<u>ASH</u>			
Full Name of Contributor			Registration	n Numl	per, if PA	C	
Street Address	Employer/Occur	pation/Labor Organization*	м	D	Y	Amount	
Succi Addiess	Employer/occup	pation Labor Organization		ĭ	Ì	Amount	
City	State	Zip Code	Form(Cash	,Check	,etc)		
Full Name of Contributor			Registration	n Numl	oer, if PA	ıC	
G	E1/O		1 77 1	<b>D</b>	N/	A	
Street Address	Employer/Occup	pation/Labor Organization*	M	D 1	Y	Amount	
City	State	Zip Code	Form(Cash	.Check	.etc)		
City	I		200000	,0	,,		
Full Name of Contributor			Registration	n Numl	er, if PA	C	•
	Ir. 1 (0	7.1.0	1,4	7	37		
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y 	Amount	
City	State	Zip Code	Form(Cash	,Check	,etc)		
Full Name of Contributor		<u> </u>	Registration	n Muml	or if DA	C	
run Name of Controllor			Registration	11 1741111	ж, пт		
Street Address	Employer/Occup	pation/Labor Organization*	М	D	Y	Amount	
City	State	Zip Code	Form(Cash	,Check	,etc)		
			D 11 2		.00		
Full Name of Contributor			Registration	n Numt	oer, if PA	iC .	
Street Address	Employer/Occup	pation/Labor Organization*	М	D	Y	Amount	
City	State	Zip Code	Form(Cash	,Check	,etc)		
Full Name of Contributor			Registration	n Nissani	on if D	C	
run Name of Contributor			Registration	ii Muitii	Jei, II F		
Street Address	Employer/Occur	pation/Labor Organization*	М	D	Y	Amount	
City	State	Zip Code	Form(Cash	,Check	,etc)		
			_				
and the second s	l	.didataa Ifaantiikutaa ja aalf a				CA	
equired for contributions from individuals over \$100 to statewide and vidual's business, if any, rather than employer should be listed. If two	-		• • •	•			
unization of which the employees are members, if any, must appear.		one payton doubtion	oncour all	-66.45	5-1-4- Ot D	, aie 18001	
AL-MAN SET SET	-						

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$50.00

<sup>\*</sup> R ind

Page <u>1 7</u>
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#### **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full COMMITTEE TO ELECT ANDREA	PEEPLES FO	OR IUDGE					
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
ANDREA PEEPLES							
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
5596 WINSOR WOODS		POSTAGE	0 5				23.00
City	State	Zip Code	Receive	d at Fund	lraising E		
COLUMBUS	$O \mid H$	43230		YES		✓ NO	
Full Name of Contributor ANDREA PEEPLES	Employer, Occu	pation, Labor Organization *	Registra	ition Nun	iber, if Pa	AC	
Street Address	Description of I	em or Service	М	D	Y	Fair Market Value	
5596 WINSOR WOODS	COMP	UTER SUPPLIES	0 5	1   7	0 5		28.42
City	State	Zip Code	Receive	d at Fund	lraising E	vent?	
COLUMBUS	O   H	43230		YES		✓NO	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	ition Nun	iber, if Pa	AC	
Street Address	Description of I	tem or Service	M	D I	Y	Fair Market Value	
C'A.	State	Zip Code	Pacaiva	d at Fund	lmising E	Typent?	
City	State	Zip Code	Receive	YES	uaising D	NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund YES	lraising E	vent?	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of I	em or Service	М	D 	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	raising E	vent?	
				YES		∐NO	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	ition Nun	iber, if Pa	AC	
Street Address	Description of I	tem or Service	M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund YES	Iraising E	vent?	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	ition Nun	nber, if P	AC	
Street Address	Description of Item or Service		M	D 	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund YES	lraising E	vent?	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	ition Nun	iber, if Pa	AC	
Street Address	Description of I	em or Service	M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	lraising E		
				YES		∐NO	

Page Total \$	51.42

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

## **Statement of Expenditures**

Prescribed by Secretary of State 2/01

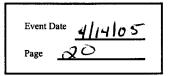
Name of Committee in Full	DEEDI EC EA	D II IDCE												
COMMITTEE TO ELECT ANDREA PEEPLES FOR JUDGE  To Whom Paid  M D Y Amount														
YAEGER GRAPHICS				$1 \mid 4$	015		1,382.41							
Address	Purpose					-								
935 W. THIRD ST		<u>IGN LITERATURE</u>	_		<u> </u>	1								
COLUMBIC	State H	Zip Code 43212	Check N	umber 1003										
COLUMBUS To Whom Paid		43212	M	D D	Y	Amount								
YAEGER GRAPHICS			0 5	0 2	015		350.14							
Address	Purpose													
935 W. THIRD ST	POST CA													
COLLINABLIC	State	Zip Code 43212	Check N	umber 1005										
COLUMBUS To Whom Paid	OH	43212	М	D D	Y	Amount								
ANDREA PEEPLES			0 5	0 6	1		55.40							
Address	Purpose	***************************************	1010	0   0	0 10	A								
5596 WINSOR WOODS DRIVE		JRSEMENT - POST												
COLLIMBIC	State H	Zip Code 43230	Check N	umber 1008										
COLUMBUS To Whom Paid	10   11	43230	М	1000	Y	Amount								
ANDREA PEEPLES				0 6		Zinoun	81.69							
Address	Purpose			0 0	1010									
5596 WINSOR WOODS DRIVE	REIMBU	<u> IRSEMENT - TELEI</u>	PHONE											
City	State	Zip Code	Check N											
COLUMBUS To Whom Paid	OH	43230	M	1009	Y	Amount								
MEGAN KILGORE			0 5	0 6			158.78							
Address	Purpose			0   0	1010									
685 KERR STREET		E SUPPLIES												
COLLIMBLIC	State H	Zip Code 43215	Check N	umber 1010										
COLUMBUS To Whom Paid	1 ()   H	43213	М	D 1010	ΙΥ	Amount								
SBC			0 5	1 8			31.89							
Address	Purpose		<b>1</b> - 1 - <del>1</del> - 1											
	TELEPH													
City CACINIA VAI	State	Zip Code 48663	Check N	umber 1012										
SAGINAW To Whom Paid	M   1	40003	М	1012 D	Y	Amount								
ANDREA PEEPLES						, tillouik	833.40							
Address	Purpose	· ••••			10,0									
5596 WINSOR WOODS DRIVE	REIMBU	JRSEMENT - T-SHI												
COLLINARIC	State	Zip Code	Check N											
COLUMBUS To Whom Paid	OH	43230	М	1013	Y	Amount								
GRAPHIC T'S INC.					0 5		160.12							
Address	Purpose				1 -	<del></del>								
532R MAIN STREET		IGN BANNER												
CROVERORT	State	Zip Code	Check N											
GROVEPORT	$O \mid H$	43230		1016	1									

Page Total \$ 3.053.83

#### **Statement of Expenditures**

Prescribed by Secretary of State 2/01

Name of Committee in Full COMMITTEE TO ELECT ANDREA PE	EPLES	FO	R IUDGE	_				
To Whom Paid BUCKEYE PM				м 0   5	D 2 7	$\begin{vmatrix} \mathbf{y} \\ 0 & 5 \end{vmatrix}$	Amount	800.00
Address	Purpose	(DA	ICN ELVEDO	<u> </u>	<u>,   /</u>			223.00
217 GRANT AVE	State	_	IGN FLYERS Zip Code	Check N	Jumbar			
City COLUMBUS	O I	H	43215	CHECK	1017	,		
To Whom Paid		**	10210	M	D	Y	Amount	
TEAMSTERS LOCAL 413				0   5	2 0	0 5		100.00
Address 555 E RICH STREET	Purpose	E O	UTING HOLE SPON	SÓD				:
City	State		Zip Code	Check N	Jumber			
COLUMBUS		Ή	43215	CHOCK I	1014			
To Whom Paid				M	D	Y	Amount	20.00
HUNTINGTON BANK Address	Purpose	-		0 5	1 6	0 5	I	20.00
41 S. HIGH STREET		/ICE	E FEES					
City	State		Zip Code	Check N				
COLUMBUS		H	43215		N/A			
To Whom Paid EXPENDITURES FROM FORM 31-F				м 0   4	$egin{bmatrix} D \ 1 & 4 \end{smallmatrix}$	0   5	Amount	816.76
Address	Purpose			<u> </u>		1010		
City	State	;	Zip Code	Check N	lumber			
To Whom Paid	J			M	D	ΙΥ	Amount	
EXPENDITURES FROM FORM 31-F				$0^{1}5$			Anount	285.00
Address	Purpose	•	***************************************				<u>-</u>	
City	State	;	Zip Code	Check N	lumber			
To Whom Paid				M	Ď	Y	Amount	
EXPENDITURES FROM FORM 31-F				0 5				60.00
Address	Purpose						·	
City	State	;	Zip Code	Check N	lumber			
To Whom Paid	.			M	D	Y	Amount	
A 33	Dumosa			<u> </u>	Щ			
Address	Purpose							
City	State	•	Zip Code	Check N	lumber			
To Whom Paid	•			M	D	Y	Amount	
Address	Purpose	4			<u> </u>		<b>.</b>	
City	State		Zip Code	Check N	Jumber			
			Lip Cow	CHOCK I				



#### Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full												
Committee to Andrea Peeples for Judg	e		1 1/	1 6	1 17	I A						
To Whom Paid			M	D	Y	Amount	450.00					
The Hawk Galleries		U 4	1 4	105		450.00						
Address	D . 1											
153 E. Main Street	Location		[ct + -	T 1								
City	State	Zip Code	Check N	Number 1004								
	COLUMBUS O H 43215											
To Whom Paid			M	D	Y	Amount	200.00					
LEMON GRASS	In	<del></del>	0 4	1 4	0 5	<u> </u>	200.00					
Address	Purpose	.TC										
641 N HIGH STREET	CATERIN State	Zip Code	Check N	Jumbor								
COLLIMPLIC	1 1	43215	Check I	1002	)							
COLUMBUS To Whom Paid	OH	43213	M	1002	Y	Amount						
				1 .	1 .	Anount	119.53					
ANDREA PEEPLES Address	Purpose		1013	10 0	0 5		119.55					
		RSEMENT FOR BE	X7ED /	CEC	The	A m d awaam	_					
5596 WINSOR WOODS DR City	State	Zip Code	Check N		-11te /	Anderson	5					
COLUMBUS	1 1	43230	CHECK	1007	,							
To Whom Paid	OH	43230	M	1007	ΙΥ	Amount						
				0 6	1	l .	47.23					
Megan Kilgore		1013	0 0	10 3	<u> </u>	47.20						
685 Kerr Street	Purpose PARTY SUPPLIES											
City	State	Zip Code	Check N	Jumher								
COLUMBUS	OH	43215		1011								
To Whom Paid	0 11	10210	M	D	ΙΥ	Amount						
Address	Purpose					<u> </u>	"					
7 tautos												
City	State	Zip Code	Check N	Number								
To Whom Paid			M	D	Y	Amount						
Address	Purpose				. <b></b>							
	1											
City	State	Zip Code	Check Number									
	1	1										
To Whom Paid	1		M	D	Ÿ	Amount						
Address	Purpose					I						
City	State	Zip Code	Check N	Vumber								

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total	\$	816.76
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Event Date	5/26/05
Page	<b>A</b>

#### Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

		-										
Name of Committee in Full		0 F.C	D IIIDOE									
COMMITTEE TO ELECT ANDREA PE	EFFLES	5 FO	KJUDGE									
To Whom Paid				М	D	Y	Amount					
THE NETWORK		0 5	2 6	10	5	60.00						
Address												
525 PARK STREET	CATI											
City	Sta		Zip Code	Check	Number	_						
COLUMBUS	0	H	43215		1015							
To Whom Paid				M	D	Y	Amount					
Address	Purpose											
City	Sta	te	Zip Code	Check	Number							
To Whom Paid				M	D	Y	Amount					
								····				
Address	Purpose											
City	Sta	ite	Zip Code	Check	Number							
To Whom Paid				M	D	Y	Amount					
							<u> </u>					
Address	Purpose											
			T									
City	Sta	te	Zip Code	Check	Number							
To Whom Paid				M	D	Y	Amount					
							<u> </u>					
Address	Purpose											
City	Sta	ite	Zip Code	Check	Number							
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To Whom Paid				M	D	Y	Amount					
	T											
Address	Purpose											
			liri o i	lo: :								
City	Sta	ite	Zip Code	Check	Number							
	11											
To Whom Paid				M	D	Y	Amount					
Address	Purpose											
	<u> </u>											
City	Sta	ite	Zip Code	Check	Number							

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$60.00	Page Total \$	60.00
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Event Date	16105
Page 2	l

#### Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full												
COMMITTEE TO ELECT ANDREA PI	EEPLE	S FO	R JUDGE									
To Whom Paid				М	D		Υ	Amount				
BROWNSTONE ON MAIN		0 5	5 0 6	5 (	)   5	28	5.00					
Address												
122 E MAIN STREET		ERIN		Check Number								
COLLIMBLE	I _	tate	Zip Code 43215	Check	100	۷						
COLUMBUS To Whom Paid	10	H	43213	M	100	Amount						
10 whom Faid				"	1 1		Y 	Amount				
Address	Purpose											
1144.000												
City	Si	tate	Zip Code	Check	Number							
		1										
To Whom Paid		<u> </u>		М	D	T	Y	Amount				
Address	Purpose											
City	Si	tate	Zip Code	Check	Number							
To Whom Paid				М	D	Т	Y	Amount				
								<u> </u>				
Address	Purpose											
	<u> </u>		In a t	Total i			til .					
City	l Si	tate I	Zip Code	Check	Number							
		<u> </u>		1 1	I 5	_	v	1 A manus				
To Whom Paid				M	D	ı	Y !	Amount				
Address	Purpose							<u> </u>				
Addiess	l' ui posc											
City	Si	tate	Zip Code	Check	Number							
		1	·									
To Whom Paid		<u> </u>		М	D	Т	Y	Amount				
								·				
Address	Purpose							<u> </u>				
City	Si	tate	Zip Code	Check	Number							
To Whom Paid				М	D	Τ	Ý	Amount				
						L						
Address	Purpose											
City	Si	tate	Zip Code	Check	Number							
	1		1									

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.



#### **Statement of Loans Received**

					Pi	rescribed	by Secret	ary of St	ate3/03				_			
Full Name of Committee COMMITTEE TO ELE	CT	A	NDR	EA PI	EEPL	ES FC	R JUI	DGE								
										Prior Amount 7,500.00					Amt. Incurred this Period 0.00	
Address 6401 STOLL LANE															Outstanding Balance 7,500.00	
City CINCINNATI	Stat		Zip Code <b>452</b> 30		Lo	ans Rece Date	ived This	Period	Amount_				Dat		ym	ents This Period Amount
Pate Loan was originally, incurred Registration Number, if PAC	м 0	3	D 1 6	$\begin{array}{c c} Y \\ 0 & 5 \end{array}$	M	D	Y	\$		0	М		D	Y		0
Registration Number, if PAC					М	D	Y				М		D	Y		
Employer/Occupation/Labor Organization*					М	D	Y				М		D	Y		
From Whom Received											Prior	Amo	unt			Amt. Incurred this Period
Address																Outstanding Balance
City	Stat	e	Zip Code	e	Lo	ans Rece Date	ived This	Period	Amount				Dat		ym	ents This Period Amount
Incurred  Registration Number, if PAC	М		D	Y	М	D	Y	\$			М		D 	Y		\$
Registration Number, if PAC	•		<u> </u>		М	D	Y	1			М		D	Y		
Employer/Occupation/Labor Organization*			ż		М	D	Y				М		D 	Y		
From Whom Received									-		Prior	Amo	ount			Amt. Incurred this Period
Address							<del> </del>									Outstanding Balance
City	Stat	te	Zip Code	e	Lo	ans Rece Date	ived This	Period	Amount				Dat		ıym	ents This Period Amount
Date Loan was originally a	М		D	Y	М	D	Y	\$			М		D 	Y		\$
Registration Number, if PAC	<u> </u>				М	D	Y				М		D	Y		
Employer/Occupation/Labor Organization*					М	D	Y		_		М		D	Y		1
* Required for contributions over \$100 to s	tatewi	de a	nd gener	al assemb	ly candid	ates If co	ntributor	is self-e	unloved occura	ntion ar	d the	nam	e of the	individ	lual'	s husiness
if any, rather than employer should be lister	d. If tw	/O O	rmore en	ployees d	-											

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2
Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

1	Total prior amount \$	7,500.00	
2	Total received this period \$	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-B
4	Total Outstanding Balance \$	7,500.00	(To Form No. 30-A)